

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interfered  
- (Through numeral) ... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Best Available Copy

Claim	Date
Final	Original
1-29-01	6-27-01
1-28-02	8-5-02
1-30-03	8-22-03
2-24-04	
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Claim	Date
Final	Original
1-30-03	2-24-04
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
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